

Ted D. Daniels

PLAINTIFF/PETITIONER/MOVANT'S NAME

T-23705

PRISON NUMBER

Centinela State Prison

PLACE OF CONFINEMENT

P.O. Box 911, Imperial, CA 92251

ADDRESS

2004	1903
FILING FEES PAID	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
MPP MOTION PAPER	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
COPIES SENT TO	
Court	<input checked="" type="checkbox"/>
ProSe	<input type="checkbox"/>

FILED

MAY 29 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY [initials]

United States District Court
Southern District Of California

Ted D. Daniels

Plaintiff/Petitioner/Movant

v.

Defendant/Respondent

Civil No. **'08 CV 0961 IEG NLS**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, *Ted D. Daniels*

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration *Centinela State Prison*

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5-25-08

DATE

Ted D. Daniel

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Ted Damell Daniels
 (NAME OF INMATE)
T23705
 (INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at
Centinela State Prison
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0
 to his/her credit according to the records of the aforementioned institution. I further certify that during
 the past six months the applicant's *average monthly balance* was \$ 3.68
 and the *average monthly deposits* to the applicant's account was \$ 3.68.

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

May 28, 2008

DATE

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Gracie Rojas

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Ted D. Daniels # T-23705, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)

custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$150 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

5-23-08

DATE

Ted D. Daniels

SIGNATURE OF PRISONER

REPORT ID: TS3030 701

REPORT DATE: 05/28/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CENTINELA STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 28, 2008

ACCOUNT NUMBER : T23705
 ACCOUNT NAME : DANIELS, TED DARNELL
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
05/08	W512	CASH DEPOSIT	6621 MLRM	22.05	0.97		22.05
05/08	W512	LEGAL POSTAGE	6632 05/06		0.15		21.08
05/08	W512	LEGAL POSTAGE	6632 05/06		4.60		20.93
05/08	W512	LEGAL POSTAGE	6632 04/29		1.90		16.33
05/08	W515	COPY CHARGE	6631 RGCOP		0.10		14.43
05/08	W515	COPY CHARGE	6631 RGCOP		1.40		14.33
05/08	W516	LEGAL COPY CH	6630 05/06				12.93

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/02/2008	H102	EYEGLASSES HOLD	5749 VISON	9.00
05/28/2008	H118	LEGAL COPIES HOLD	7019 05/25	21.10

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: COUNTY CODE: SD	TRANS.	DESCRIPTION	CASE NUMBER: FINE AMOUNT: \$	TRANS. AMT.	BALANCE
07/27/01			SCD149951 10,000.00		
11/01/2007		BEGINNING BALANCE			9,751.50
05/08/08	DR30	REST DED-CASH DEPOSIT		24.50-	9,727.00

